MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13165 13168 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Worcester Worcester b. CITY OR TOWN (If autside carparate limits, write RURAL and give necrest town)

Snow Hill c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) Stockton minutes d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS to certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medicol Examiner's Office olong with form Market Street Ext. YES NO IX 24 hours ofter death. NAME OF Lost 4. DATE Year DECEASED OF DEATH September 19 67 LOUIS LEVI BRITTINGHAM (Type or print) 9. AGE (In years IF UNDER 1 YEAR buriol-transit permit. File pages I and 2 with S. SEX 6. COLOR OR RACE 7. MARRIED XT NEVER MARRIED B. DATE OF BIRTH Hope birthdoy) Hours June 23, 1892 White deoth Male DIVORCED WIDOWED 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR Seafood event within 72 hours ofter Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within Emma R. Richie Charles L. Brittingham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Stockton, (Yes, go, or unknown) (If yes give wor or dotes of service 218-24-2737 Mrs Henrietta Brittingham, Maryland INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) acute Coronary Thrombosis ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO duy anterio selentici Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 3 should be used 19. WAS AUTOPS PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) or removol, 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY OF CONTRIBUTING CALISE OF DEATH 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) may be retoined for your FUNERAL DIRECTOR: Poge of work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection / Inquiry and in my apinian Natural causes Suicide [funeral director. Homicide Undetermined manner death resulted fram: Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 9-8-67 **EXAMINER'S** Address (Street, city, town, or county) ro FUNE Health NAME (Type) NAME OF CEMETERY OF X THAT SO A 23d, LOCATION (City or Town) 23o. BURIAL, CREMATION, REMOVAL (Specify) Porterville Methodist Stockton - Wor. - Md. 9-10-1967 Burial ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A 15ME 6M 1/67 Pocomoke City, Md. DASEP 1 3 1967 Watson

Brook and a second seco and the state of t CHARLES ELLOS. CLEAR THE RES. MAINTENANT

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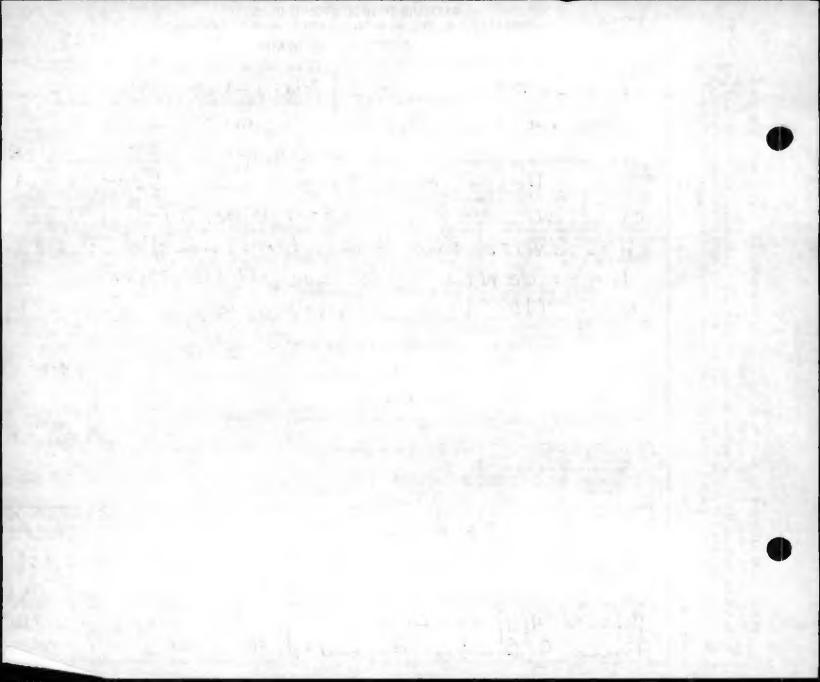
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13169

CERTIFICATE OF DEATH

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence as STATE b. COUNTY	e before admission)
	VUORCUSTER MARYLAND	MARY CAND MORE	20.00
	CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b write RURAL and give negrest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give	nearest town)
L	BED LIN OUVRS	BERLIN	To 16 DESIDENCE
	I. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
		K.D. RONSHIRE	YES NO NO
	NAME OF DECEASED Middle DELLA MAE 5 Type or print) DELLA MAE 5	LOST OF DEATH SEPT	Day Year
S.		8. DATE OF BIRTH 9. AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS. Doys Hours Min.
	WIDOWED DIVORCED .	SEPT. 18, 1887 79 415.	
	USUAL OCCUPATION (Give kind of work done ng mast of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	(0)	IZEN OF WHAT INTRY?
	HOUSE WIFE OMNTIONE	INHITOS VILLE, VEL	VISA.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15-	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address	
	s, no or funknown) (If yes give vito of dotes of service)		RUMMO
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Chranic my	secution	ONSET AND DEATH
	DUE TO		3 Lune
	Conditions, if ony, which gove is to immediate cause (a). (b) Chr. Bright	3	
	stoting the underlying couse (c) Chr. Branchet	4	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	206. ACCIDENT WAS UNDERLYING \(\) COUNTRIBUTING \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL		CE OF INJURY (Home, form, ory, street, office bldg., etc.) (City or town) (Cou	onty) (Stote)
	21. I certify that (1) (this hospital) attended the deceased from	Sept 2 - , 1967, to Sept 6 , 196	≥, that (I) (we) lost
	saw the deceased alive on Sept 6-1967, and that		
	220. SIGNATURE Chas IR Lace M.I.	D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	TE SIGNED
	22c [†] PHYSICIAN'S NAME (Type)	Burling mil	
230	. BURIAL CREMATION, . 23b. DATE THEREOF 23c. NAME OF CEMETERY OR-	CREMATORY 23d. 10CATION (City or Town)	(Coupty) (State)
	Burn 99 67 LEWIS	WILLARDS	WIC MD
24	FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 1967 25b. REGISTRAR'S SI	GNATURE OF STREET
	MALL N CHUINTER BUILD	CALL TO THE PARTY OF THE PARTY	1 0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the theore director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page Land 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours als Page 4 may be retained by the haspital or ottending physician. VR A15 (4) 25M 1/67



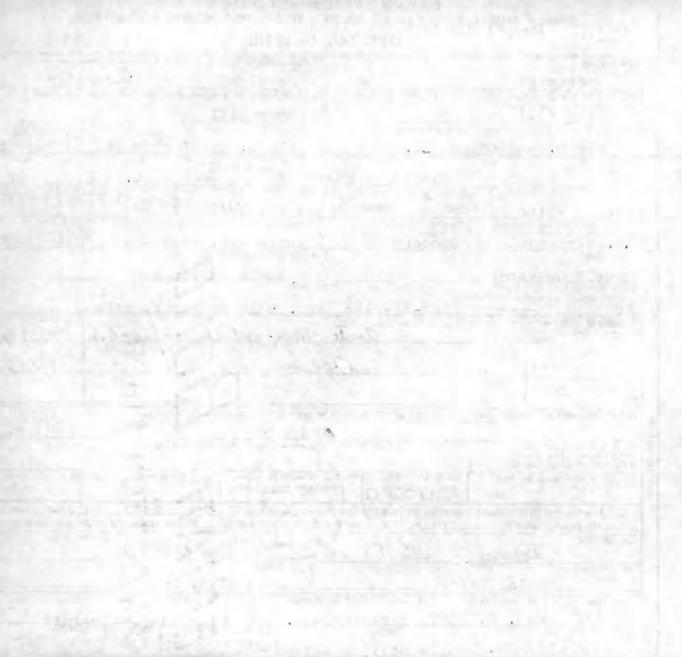
Division of STATISTICAL RESEARCH CERTIFICATE OF DEATH PRESTON STREET, BALTIMORE, MARYLAND 21201 6 3170

L											
ī	. PLACE OF DEATH					2. USUAL RESIDENCE	Where deceas			e before admis	sian)
ı	a. COUNTY WOI	cester		MAR	RYLAND	o. SIAIE Maryla	nd	b. cou	Vorce	ster	
F	P ULLA UD UURN	fit outside cornorate limit	5,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If a	utside carpara				
	write RURAL a	OW HILL				Snow H	177			2	3-1
		ITAL OR INSTITUTION (If no	at in haspital, a	ive street address)		d. STREET ADDRESS	ope on the			e. IS RE	SIDENCE
		2 S. Wahir		St.		222 S.	Moch	ington	C+	YES T	FARM?
1	3. NAME OF		ig con	Middle		Last	4. DATE	Man	<u> </u>		Year
	DECEASED (Type or print)	HARRY		ESTER	GRA	VENOR	OF DEATH	Sept		, 1	67_
1	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED 🔲	B. DATE OF BIRTH	892 9	. AGE (In years last birthday)	Months 1	YEAR IF UND	ER 24 HRS.
1	Male	White	WIDOWED	DIVORCE	ED 🔲	May 28, 1	1987/	75 yrs.	MOHILIS	Duys Indus	S PAIN,
1	Oo. USUAL OCCUPATION	ON (Give kind of work done to life, even if retired)	1N	ND OF BUSINESS OR DUSTRY		11.BIRTHPLACE (County			COF	ZEN OF WHAT INTRY? USA	
-	13. FATHER'S NAME	erchant	GI	ocery		14. MOTHER'S MAIDEN		STATE	J.	UDA	
Т		. ~									
+		L Gravenor VER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17 (SUSIE	Turl	ington	320		
1	(Yes, no, or unknown	(If yes give war ar dates	of service)		-			Hou)	D 403		
	No			28-24-21	25_	Mrs. Ella	Grav	enor,	Same	INTERVAL F	CTARCE N
		DEATH (Enter only one con ATH WAS CAUSED BY:	use per line for	(a), (b), and (c).)	. T	104	1.0	int.	-1.	ONSET AND	
	1.0	IMMEDIATE CAUSE	4.4	<u>u</u>	cull.	MYDERSE	eserg	TAL	can	Fee	174
1	4201	000	TO		0	Myocase	,			111	9
ı	Conditions, if or	nte rause (a)	(b)		12	Teriosch	WOS1	4-		- He	asa
1	stoting the und		TO						77.79		
1	last.	,	(c)							Tva maa	
1	PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING 1	O DEATH BUT NOT RI	ELATED TO	THE TERMINAL DISEASE CO	INDITION GIVE	N IN PART 1(o)		19. WAS AT	
-	Š				2	capells	-			YES 🗌	NO
	OR CONTRIBUTION	AS UNDERLYING ☐ IG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature at injury in	Part I ar Part	t II of item 18.)			
		IJURY Month, Day, Year		IJURY OCCURRED	20e. PLA	CE OF INJURY (Hame, far	m, 20f.	(City or tawn)	(Cou	nty)	(State)
	Hour o	o.m. 19	While at war	Not While	toci	ary, street, office bldg., etc					
1		tify that (I) (this ha			fram	act.	19 661	o tep	V 190	2 (that (I)	(we) las
		deceased alive an_	Sep	19 19 67	and tha	t death accurred a	tN	I, from causes	and on th	ie date stat	ed abave
	22a, SIGNATUR		. 1	10 6	_	ATTEMBLE	MED.	CTAFE	22b. DA	TE SIGNED	
		Day	àl l	tel)	M.	ATTENDING D. PHYS.	DIRECTOR	STAFF PHYS.			
	22c. PHYSICIAN		1	7		22d. ADDRESS					
	NAME (Typ	David	Rafat			Snow	Hill,	maryl	en d		
-	23a. BURIAL, CREMA		IEREOF	23c. NAME OF CEA	METERY OR	CREMATORY	23d. LO	CATION (City or To	wn)	(County)	(State)
	BUBIS	Y Sep. 6	5. 196	Parks	TATE	Cem.	Por	alcel on	774 200	inia	
1	24. FUNERAL DIRECT		0	ADDRESS	7	2Sa. REC	D BY REGISTE		EGISTRAR'S SI	CHATURE	ar.
	Dunla	(Soun	ed on	ow Hill	Mos	DATE SI	EP 8	1967	Mary	Day June	
-	- or or c		- 011	V.W	17 2-7	WILLIAM STATE					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely Tikled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave kurbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death 31

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VR A15 (4) 20 M 1/66



13168

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1317

			CENTITIC		LAIII	and I	10 (17 2)	D :1		4 1 1	
o. COUNTY	Worcester			o. STAT			eosed lived, if institu	HITST			- 1
			MARYLAN			rylar				ster	
b. CITY OR TOWN wrjte, RURAL	N (If outside carporate limit and give nearest tawn)	5,	c. LENGTH OF STAY IN 1	c, CITY OR	2		arate limits, write R	JRAL and giv	e neares	t tawn)	,
Stoc	and give nearest town) Kton		Life		Sto	ockt	on		2	31	
d. NAME OF HOS	PITAL OR INSTITUTION (If no	at in haspital, i	give street address)	d. STREET	ADDRESS					e. IS RESI ON A F YES	DENCE ARM? NO X
3. NAME OF	Fi	rst	Middle	Los		4. DATI	0.029		Day	Ye	at
(Type or print)	DAVID	WI	LSON	HANCOC	K, SR.	DEAT	H Septem	iber	8	19	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	HRTH		9. AGE (In years	IF UNDER Months		IF UNDE	-
Male	White	WIDOWED	DIVORCED	June	7, 1	877	last birthday)	MOIITINS	Days	Hours	Min.
10a, USUAL OCCUPAT during most of work Seatood	ION (Give kind of work done inglife, even if retired) Dealer		ND OF BUSINESS OR DUSTRY	11 BIRTHI Wor Mar	cesti ylan	& State or	tareign country)		TIZEN OF DUNTRY? U.S.		
13. FATHER'S NAME				14. MOTH	R'S MAIDEN	NAME					
John	Hancock				Elia	zabe	th Redde	n			
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES? n) (If yes give wor or dates or	16.	SOCIAL SECURITY NO.	17. INFORMANT			Add	ress			
No	— —	22	0-32-0642	D.W.Ha	ncoc	k, J	r. Sto	ckton	. M	ary.	Land
1B. CAUSE OF	DEATH (Enter only one cou	ise per line far	(a),(b), and (c).)[/ -	M	1		P,			ERVAL BE	
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(0) Ma	tassaire	Carci	uer	na.	duer		12	STAND!	JEATH
15 5	7 DUE	10 0	4	1		0	-/		2		
	ny, which gove	(b) Car	cinome	1,100	wel	/			1	4-ea	20
	derlying couse DUE	10							/		
lost.)	(c)									
PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING	O DEATH BUT NOT RELATE	TO THE TERMINA	DISEASE	NDITION G	IVEN IN PART 1(a)		19.	WAS AUT	OPSY
a and	ristelops	Tic II	car Vise	dde.	Pu	elle	Lus		Y	ES	NO IT
20a. ACCIDENT	WAS UNDERLYING	20b. DI	SCRIBE HOW INJURY OCCU		of injury in	Part I ar I	Part It of item 18.)				
OR CONTRIBUTI	NG CAUSE OF DEATH										
7	NJURY Month, Day, Year	20d. I	NJURY OCCURRED 20	e. PLACE OF INJURY	(Hame, for	m, 20f	. (City or town)	(Co	ounty)		(State)
Hour Hour	o.m.	While at wor		factory, street, al	lice bldg., etc	.)					
21 1 60	rtify that (I) (this has			m Mass.		19625	to Sept.	8 19	67 th	at (I) (wal la
	deceased alive an	aug,	24/1967, and	that death a	curred a	3 a	M. fram causes				
220. SIGNATU		1/2	1	- Annual Control		/			ATE SIGN		- 1
e e	Charles	W/	rades	M.D. PHYS.	DDRESS	MED. DIRECTOR	STAFF PHYS. [Seg	st.	8,1	96
22c. PHYSICIA NAME (Ty	pe)Charles V	v. Tra	der, M.D.			St.	. ,Pocomo	ke,	Md.		
230. BURIAL, CREMA		EREOF	7 23c. NAME OF CEMETER	y or krematory.		23d.	LOCATION (City or T	own)	(County) (State)
Burial Burial	9-10-	1967	Portervil	le Meth	odis	S	tockton	- Wo	r.	- Mo	La
24 FUNERAL DIRE	TOR		ADDRESS		2So. REC	D BY REGI		EGISTRAR'S		RE	
TO HI	N. LAK	Po Po	comoke Cit	v. Md.	DATESE	P13	3 1967	May	(as)	nog	20

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 liours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

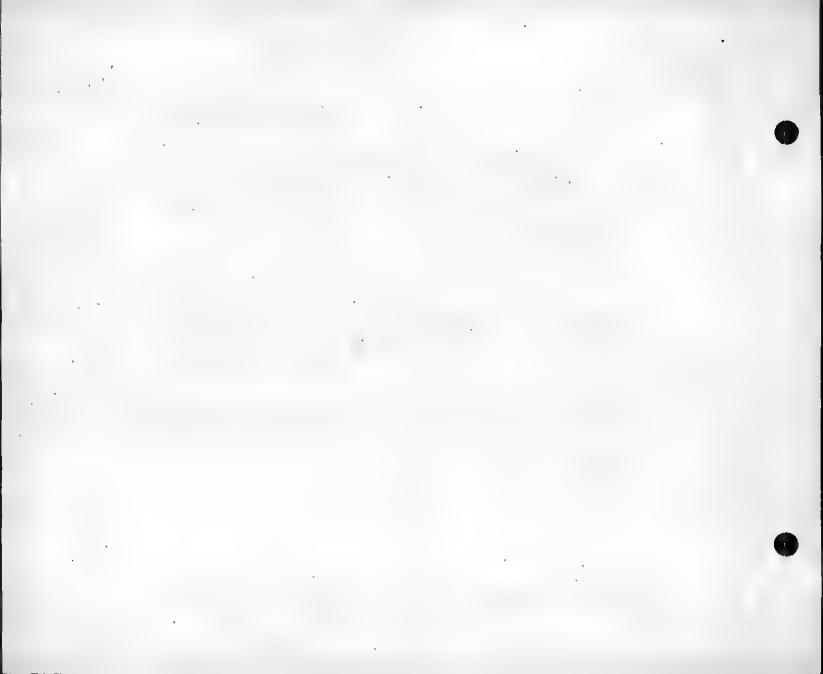
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13369 CERTIFICATI	OF DEATH
1. PLACE OF DEATH a. COUNTY OF CESTOR MARYLAND b. CITY OF JOWN (If autside corporate limits, c. LENGTH OF STAY IN 16	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY CEST C. CITY OR TOWAL (If autside carparate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ABDRESS 7-HB S+ 0. IS RESIDENCE ON A FARMS YES \(\text{NO.}
3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Harold 4. DATE Manth Doy Year OF DEATH Sept. 27 19 67 B. DATE OF BIRTH 9. AGE (In year) I IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
Female Negro WIDDWED DIVORCED DI	May 30, 1893 7 Lithday Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of vjark done during mast of working file, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BRTHPLACE (County, 8 State, or foreign country) 12. (ITIZEN OF WHAT COUNTRY) 13. (ITIZEN OF WHAT COUNTRY)
13. FATHER'S NAME IS. WAS DECEASED EVER ALUS, ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	14. MOTHERS-MAIDEN NAME Frances Copes INFORMANT Address
(Yes, and unknown) (If yes give war or dates of service) 215-38-0847 F	rances Costen 7th St. Pocomoke, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	luciais Tautidard Fact ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last. (b) DUE TO (c)	m. 24mod.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sqrt{N} \) NO
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item IB.)
	ACE OF INJURY (Hame, farm, lary, street, affice bldg., etc.) (City ar town) (County) (State)
	3/5, 1966, ta 9/27, 1967 that (1) (we) last at death accurred at 232M, fram causes and an the date stated above.
220. SIGNATURE Bevella Bern M	D. ATTENDING DIRECTOR DIRECTOR STAFF 226. DATE SIGNED 9/29/67
NAME (Type) NEVILLE A BAR	as focomotes, MD.
230_ BURIAL, (REMATION, 23b_ DATE THEREOF 23c. NAME OF CEMETERY OR PRINCIPLE OF CEMETERY OR ADDRESS	CREMATORY 23d OCATION (City or Town) (County) (Stote) Pocomka Wor Md. 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Danie Long New Ch	wich 16 DADCT 2 1967 governor Junge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletaly filled in by the Tuneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove random papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the disast certificate by exercuted within 24 hours after death.

Add aborok/ - December 5 Frances Lola Harold - Sept 27 6 Female Negro May 30, 1843 74 Luberer Factory Va. AZU -Eliah Crippen harness Copes No - 25-38-0897 Francis Coston 78-57, Reconsta MA BUREA PORT Hallstill Com Records but Itel Charles of the Charles of the Control of the Contro



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER FOR STATE ERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, Il institution, Residence before edinission) e. COUNTY b. COUNTY MARYLAND b. CITY OF TOWN (i) outside corporale fimils, 6. LENGTH OF STAY IN 16 c. CIJY OR TOWN (II outside corporate limits, write RURAL and give necrest town) Write RURAL and give necrest town your 20 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) d. STREET ADDRESS a. IS RESIDENCE the funeral of ON A FARM? YES NO NO d 3 to the fundament 35 NAME OF Middle DATE Day DECEASED OF (Typa or print) DEATH 19 6 5. SEX 7. MARRIED NEVER MARRIED AGE (In yes IF UNDER 1 YEAR IF UNDER 24 HRS. 1, 2, and ge 5 mers and 7 w gth day) Months Hours WIDOWED DIYORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTR ive Pages 1, 2, PM3, Page 5 12. CITIZEN OF WHAT COUNTRY? dine during most of working lile, ever if retired) File pages 13. FATHER'S NAM MOTHER'S MAIDEN NAME any an 15. WAS DECEASED EVER IN U.S. ARMED FORCES? permit. Fi 16. SOCIAL SECURITY NO. 17. INFORMA in Item 18. (Yes, no, or ankown) | (If yes give war or detes of service) Office along with burial-transit perm CAUSE OF DEATH [Enter only one cause per line for (e), (b), should be execut removal PART I. DEATH WAS CAUSED BY: 2 PLACE " in pencil is Office alon IMMEDIATE CAUSE (a) **DUE TO** ö EROTU HEBRET Conditions, if eny, which a bu the word "pending" Medical Examiner's (gave rise to immediate cause DUE TO 250 (e), steting the undarlying cremat pesn cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19, WAS AUTOPSY CERTIFICATION should be u PERFORMED? NO De 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Ilam 18.) EXAMINER: PRIMARY | or CONTRIBUTING | writing the Chief No Page 3 st CAUSE OF DEATH. ACAL ... w. ... s certificate, w. d to the Chief MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) agent, fectory, street, office bldg., etc.) Hour a.m. While Not While at work at work forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 😿 inquiry X and in my opinion designated death resulted from: Natural causes Accident Suicide Undetermined manner Homicide lease execute the c should be forward PUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 2 DEPUTY DEPUTY MEDICAL EXAMINER I ់ **EXAMINER'S** Robert C. La Mar, M. Snow Hill, Maryland D. . NAME (Type) please 4 shoul 70 FUN Health town, or county 226. DATE THEREOF 220. BURIAL CREMATION. LOCATION (City, town, or county) REMOVAL (Spedify) auria 23. FURERAL DIRECTOR 24s. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VR AISME 5M 1/63 DATE

" willess Karns

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W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 301

13175

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

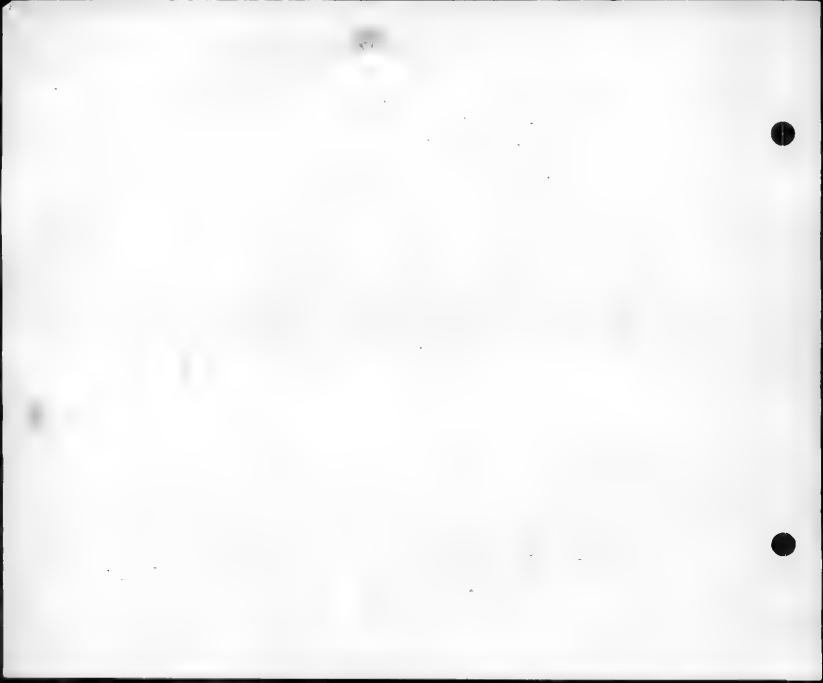
- 1	<u> </u>				
	O COUNTY WORCES	Le R MARYLAND	2 USUAL RESIDENCE (Where decent of STATE)	osed lived if institution Reside	ence before odm ssion)
	b CIM OR TOWN (If outside corporate impts.	uville LENGTH OF STAY N 16	C CITY OR TOWN (If outside corpo	ote limits, write RURAL and gr	FOR d
	d NAME OF HOSPITAL OR INSTITUTION (4 now	In bospyol, give street oddress)	d. STREET ADDRESS	3	e is res dence On a farm? Yes \(\square\) no \(\sqrt{2} \)
	3 NAME OF DECEASED (Type or print)	e Middle	ANG DEATH		8 1967
	6 COLÔR OR RACE	7 MARR ED NEVER MARRIED DIVORCED DIVORCED	8 DATS OF BURTH 8/25/14	9 AGE (In years IF UNDER lost buthday) Months	Doys Hours Min
	100 SUAL OCCUPATION (Give kind of work done during me of working life over scenario)	10b. KIND OF BUS NESS OR INDUSTRY	1 B.RTHPLACE State or foreign		O WIRY 3 A
	Joseph Lan	g	Annie	Wilson	,
	IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of	16 SOCIAL SECURITY NO 17 service 239-14-789	INFORMANT M8/15/C	son Ayden	N.C.
	18 TAUSE OF DEATH (Enter only one coust PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c	SUBARACH	word demore	LASE	ONSET AND DEATH
	Conditions if ony, which gove (i) use to immediate couse (o),	[Uptored A	verkysm ev	refral	-
	stating the underlying couse (c)	,		
	PART I OTHER SIGN F (ANT (OND TIONS (O	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIV	EN IN PART 1(o)	PERFORMED?
) (Enter nature of injury in Part I or Pa	irt I of tern 18.)	
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.	While Not While of work of work	LACE OF INJURY (Home, form, 20f octory, street, office bldg., etc.)	(City or town) (C	aunty) (Stote)
		af the remains described above, h		tran ; Inquiry	and in my apinian
	ACTUAL SIGNATURE	maniel.	CHIEF MEDICAL EXAMINER ASS STANT MED CA. EXAMI	NER .	22. DATE SIGNED
		WNSEND, JR	DEPUTY MEDICAL EXAM NE	or (ODA)	-8/1461
	230 BURIAL (REMATION, 23b DATE THER REMOVAL (Specify)	23c NAME OF CEMETERY O	CEM Bis	hop Worces	7 7 6 4
	24 FUNERAL DRECTOR	Solbweill.	DATE CED 1 3	1007 099/10-	LES Judges

Grey Belay is ond 3 to necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funcial director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department TO MIPUTY MERININAM INTER: This certificate should be executed within 24 hours after demith It

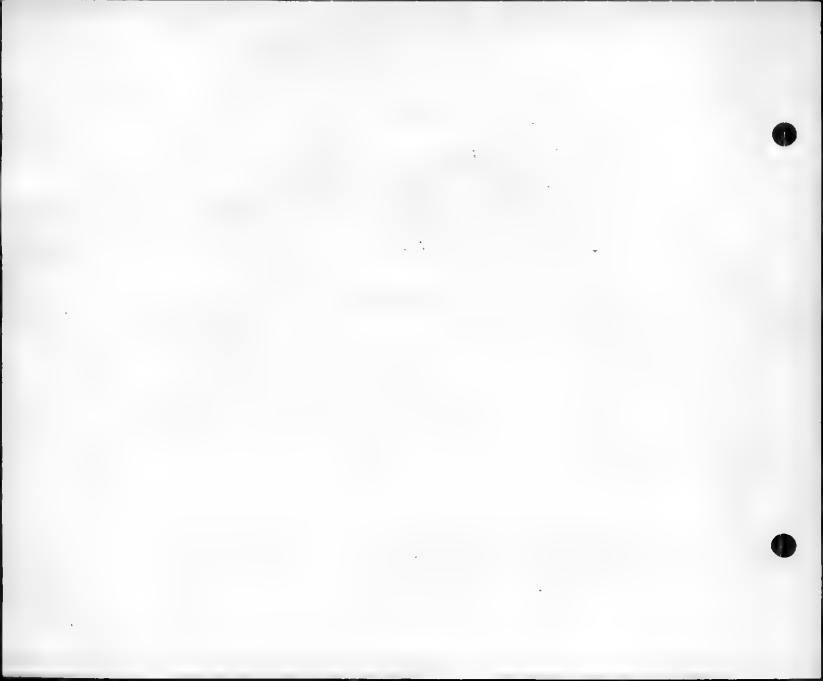
Health prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)

FOR STATE



Film 395 12-15-MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3176 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased) ved, function Residence before admission PLACE OF DEATH o COLNTY o STATE TUHESTER MINHUND MARYLAND BALTIMENE c LENGTH OF STAY N 1b c CITY DR TOWN (1 outs de corporate limits, write RURAL and give nearest town) b CTY aR TaWN (If autside carparate I mits del write RLRAL and give nearest town) State Departm PAYS G-LENAHM OCEAN d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? farwarded to the Chief Medical Examiner's Office along with farm NO 3-6 ENVISAGO 8. Give Pages No. cc7 NAME OF DATE DECEASED (Type or print) MMA DEATH WITH S SEX F UNDER I YEAR AGE (n years IF UNDER 24 HRS 7 MARR ED NEVER MARRIED eo Francis lost birthdoy) Months W DOWED DIVORCED Item 18 12 CITIZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OF COUNTRY? during most of working tite_eyen if retired MUSTRANCE ofter LIVERYCOL ENGLAND CHANT DOSTIAN 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within pencil event within 72 haurs UNKIYOUN UNKNOWN permit. File IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT BOX332 GLEHARM, (Yes no, or unknown) (If yes give wor or dates of service FULENE A. CHAISTONIER pending" INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per _ne for (o), (b), and (c).) burial-transit PART DEATH WAS CAUSED BY UDNEETANDWHATH Sub-total coronary occlusion IMMEDIATE CAUSE (c) certificate should writing the ward DUE TO anyı Severe coronary sclerosis Unknown Conditions, Fony which gove nse to immediate couse (o), ⊆ DUE TO stoting the underlying couse D and Generalized ASCVD Unknown las1 8 be used 19 WAS AUTOPSY PERFORMED? remayal, PART I. OTHER S.GNIFICANT COND. TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART 1(0) FIGHTON the certificate, NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 3 should shauld crematian, ar PRIMARY Or CONTRIBUTING O CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Home, form 20f. (City or Town) (County) (Slote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour am Not While foctory, street, office bldg, etc.) may be retained for your FUNERAL DIRECTOR: Page of work Page ot work 21 1 certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes X. Accident ... funeral directar Suicide Hamicide 22. DATE SIGNED 5 may be refu TO FUNERAL D Health priar 1 ASSISTANT MEDICAL EXAMINER ACTING DEPUTY MEDICAL EXAM NER Address (Street city town, or wanty) the SIZO 44 DATSE VR ATSME (5) 6M 1/67



STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VIJAL

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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pm of work of work	(Stote)
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death resulted from. Natural causes 🔲, Accident 🔝, Suicide 🗀, Hamilide 🗀, Undetermined manner	
SIGNATURE PROBLEM PROBLEM ASSISTANT MEDICAL EXAM NER ASSISTANT MEDICAL EXAM NER	
EXAMINER'S PHILIP P. BROUS DEPLTY MEDICAL EXAMINER Address (Street city, town, or county)	22. DATE SIGNED
230 BUR AT CREMATION, 236 DATE THEREOF 231 NAME OF CEMETERY OR CREMATOR BY COM 236 LOCATION (City of Town) (Coun	22. DATE SIGNED 9-25-67
	9-25-67
PEMOVAL (Specify) 9 29 67 NATIONAL MEMORING FALLS CHURCH 24 FUNERAL DIRECTOR ADDRESS A 25g REC STRAR 25b REGISTRAR'S SIGNAT	9-25-67 hty) (Store) VA.

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necessary, please execute the certificate writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 of the funeral director Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3 Page.

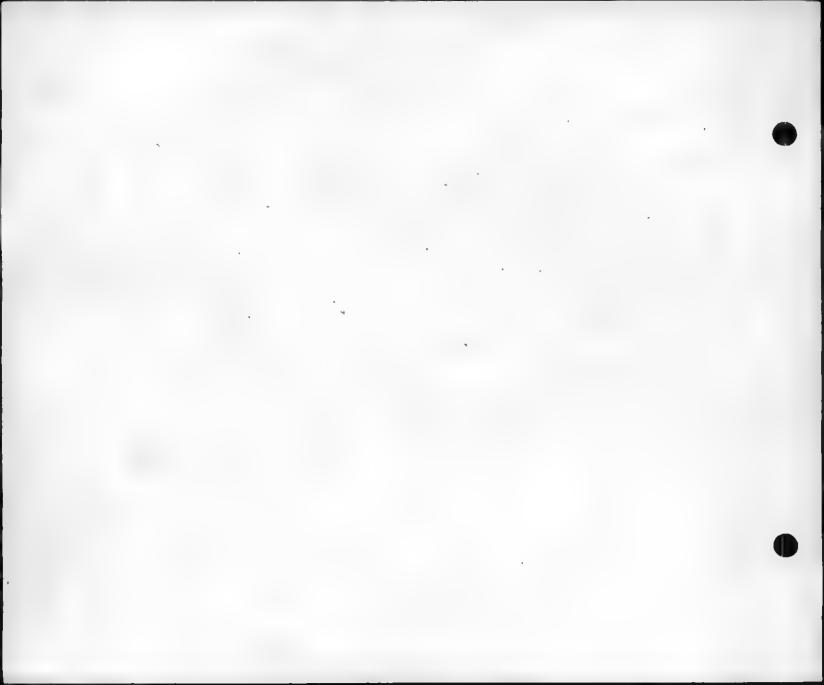
This certificate shauld be executed within 24 hours after death if any delby.

TO DEPUTY MEDICAL EXAMINER:

5 may be retained far your files.

**O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perm't. File pages land 2 with the State Department of

Hea th priar to burial, cremation, ar remayal, and in any event within 72 hours after death.



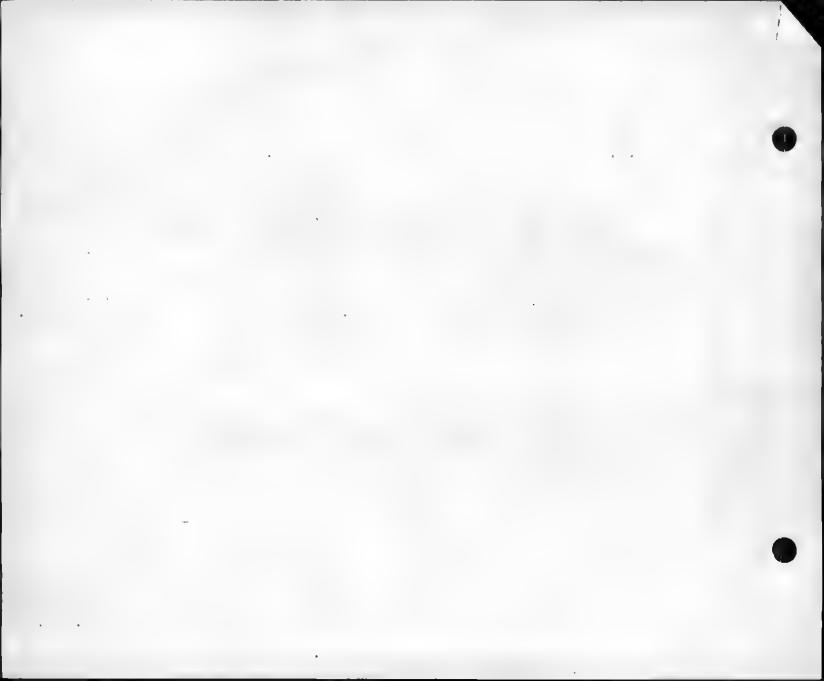
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13178

[原]		PLACE OF DEATH					2 USUAL RESIDENCE	(Where deceosed			efare admission)
		o. COUNTY W	orcester		MAR	YLAND	o. STATE Ma	ryland	b. coul	Word	cester
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₹ (1		3 NAME OF	Fii		M∗ddle	-	Lost	4 DATE	Mani		Doy Year
diete	_	(Type or print)	SALLI	E	FRANCES	M	ERRILL	DEATH S	Septemb	ber 3	, 1967
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hen hen you		Nathani	el Burris	Goffi	gon		Laura	Virgini	a Hand	dy	
		10 WAS DECEASED O	CONTROL CHARGE 2 11 IN COL	1 14	SOCIAL SECURITY NO	17	NFORMANT		Addr	esR.F.D.	. 2
attending permit. Thi		(res, pa, ar unknown NO	(If yes give war ar dates a	r service) 21	7-36-107	7 M.	Burris	Merrill	, Poc	omoke (City, Md.
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Page 4 may O FUNERAL director, po		230 BUR AL, CREMA	4.13		23c. NAME OF CEM				ITION (City or To	,	unty) (Stote)
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25M 1/67	1	James	H. WILL SO	1) Poc	omoke Ci	ty,	MICL. DATE	SEP 7	1967	(The same	
		Fobert	H. Watsor	1						-	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

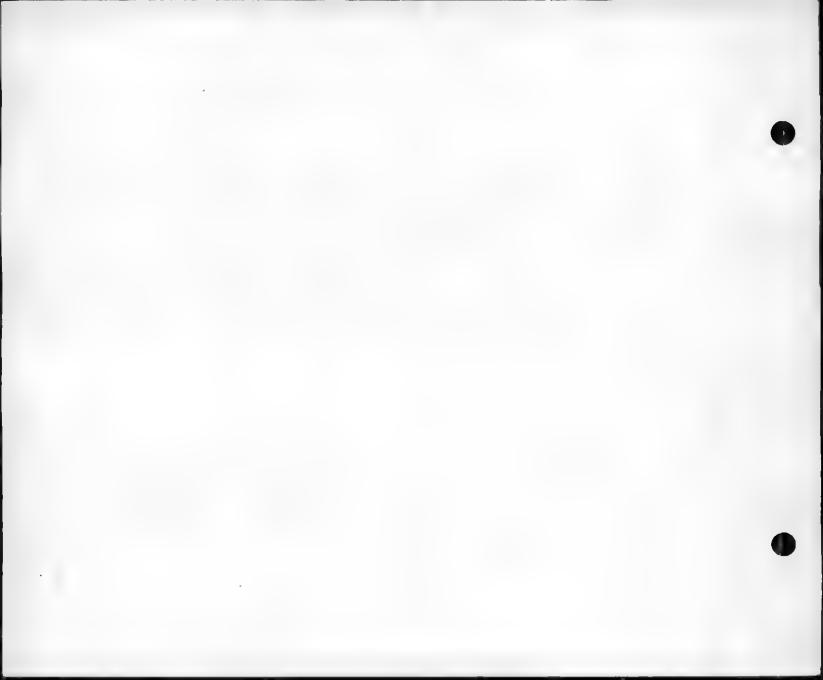
		MEDICAL EXAMINER 3 CERT	HIVALE OF PEATH
*			JAL RESIDENCE (Where deceased lived if institution Residence before admission)/
		· COUNTY WORKESTER MARYLAND OS	TATE TORIDA 6 COUNTY
		b CITY OR TOWN (It autside carparates mils, c LENGTH OF STAY IN .b c C T	OR TOWN (II outs de corporate limits, write RERAL and give nearest town)
		who BORA and give feorest town ERIN Tweeks	AlA+KA
		d NAME OF TOSPITAL OR INSTITUTION (I. nat in haspital, give street address) d STR	EET ADDRESS e IS RESIDENCE ON A FARM?
		Moute 2 -	YES NO
		NAME OF First Middle	Lost 4 DATE Month Doy Year
		(Type or print) Jesse Mu	Rephy DEATH DEPT 23 1967
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	13		OTHER'S MAIDEN NAME
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		IB. CAUSE OF DEATH (Enter only one couse per line for (o) (b) ord (c) PARY I. DEATH WAS CAUSED BY:	A INTERVAL BETWEEN
		IMMEDIATE CAUSE (a)	I should Workers
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		Conditions, if any, which gave (b) (b)	
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		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY
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	CERT	PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH	
	MEDICAL		JURY (Home form 20f (City or town) (County) (State)
	MED	pm 17 of work 🗀 af wark	t, office bldg., etc.)
		21 I certify that I took charge of the remains described obove held an i	Autopsy Autopsy Inspection Autopsy Inquiry I, and in my opinian
		death resulted from Natural couses Accident . Suic de .	, Hamic de Undetermined manner
		ACTUAL DOMANALLY	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
		SIGNATURE MD	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXA
1		NAME Type) FT. Prunsend R	Company to the property
	230	230. BUR AT CREMATION 236 DATE THEREOF 22 MAINE OF CHETERY OR CREMATE	BY 3 23d LOCATION (City or Town) (County) (Stote)
1		REMOVAL (Specify)	de of Maryland
	24	24. EUNERAL DIRECTOR ADDRESS	250 RECU BY REGISTRAR 250 REGISTRAR'S SIGNATURE
		,	DATE OCT 9 1967 PCherries Judge

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FOR STA

VR A15ME (5)



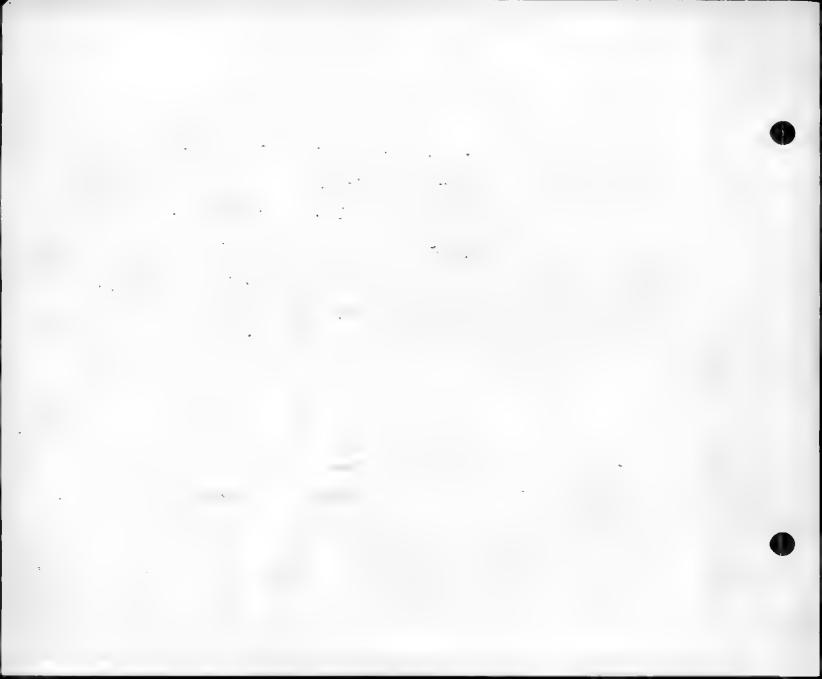
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13176

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13179

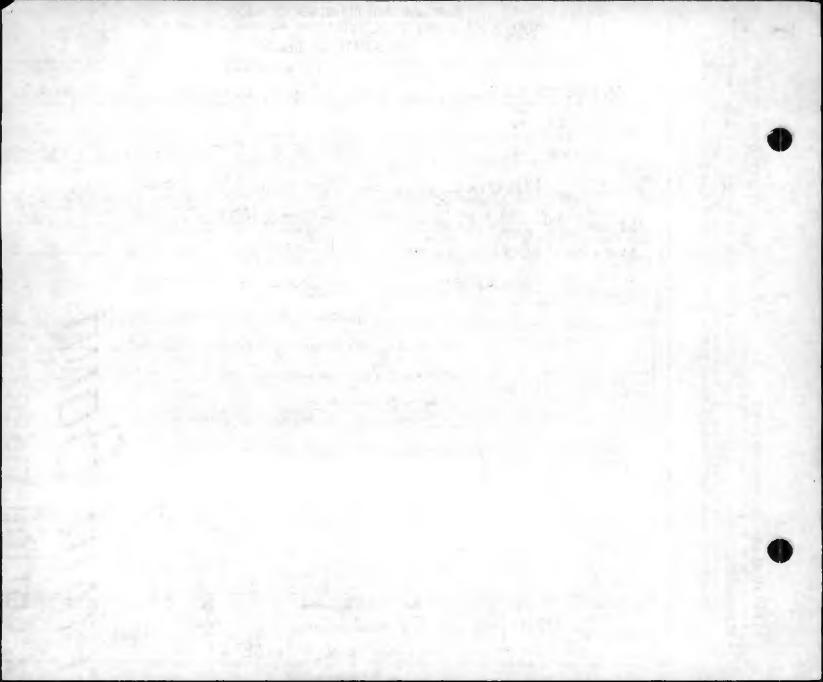
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HEALTH	DEP1.		PLACE OF DEATH 2 USUAL RESIDENCE (When deceased lived if institut on Residence be	efore odmission)
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6.4	bd	ŀ	d NAME OF HOSP TALL OR INSTITUTION (Linot in bospito, give street oddress) distribution (Linot in bospito, give street oddress)	e is residence
es 1, form	the Stote Department	10	Ocean Md State PARK ASSATEOGUE 31 S. PAHERSON PARK AVE	ON A FARM?
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Savii ng	3	ノト	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IFUNDER 1 YEAR	
8 %	₹ .c		M WIDOWED DIVORCED SEPT 26 1947 I ST yrs Months Doy	ys Hours Min
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	lor er d		during most of working life, even if retired) . (NDUSTRY)	
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ding" Nedicol	permit. vith.n 7	-		INTERVAL BETWEEN
e execui pending			1B. CAUSE OF DEATH (Enter only one couse per line for (b) (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (n) ROLL NING A COLLEGE OF	ONSET AND DEATH
d b	buriol-tronsit		1 2 1 G 1 / IMMEDIAL CAUSE (0)	
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is certificate ships, writing the forworded to t	f be used removol, o		PARTIE OTHER SOURCEAR CONDITIONS CONTRIBUTION TO DEATH DOT NOT RELIGIBLE OTHER CONDITION OTHER IN TAKE 1(0)	PEREORMED?
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INER: le certifi should	sho sho			/ (State)
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xect Pa				ond in my opinion
e e ctor	ECTOR: burnel,		death resulted from: Natural couses , Accident Suicide , Homicide , Undetermined manner	
Mt	DIREC To by		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	22. DATE SIGNED
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DIVISION OF VITAL RECORDS, 301 W. PRESTON, STREET, BALTIMORE, MARYLAND 21201

P. PLACE OF DEATH C. COUNTY O'C STER MARRIADO C. COUNTY O'C STER	13178	CERTIFICATE	OF DEATH		1310	U
d. NAME OF ROPPITAL OR INSTITUTION (II not in hospital), give street oddress) At Home At Ho	o. COUNTY	MARYLAND	g STATE	b. COL	JNTY /	
At Home C. St. Mart 195 No.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		BER		JRAL and give neare	23-1
DECEASED PIPM S. SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH S. AGE (In years Inglished of Working Ille, went it retriefly) S. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH S. AGE (In years Inglished of Working Ille, went it retriefly) S. COLOR OR RACE 7. MARRIED NEVORCED S. COLOR OR RACE 7. MARRIED S. COLOR OR RACE S. COLOR OR RACE 100. KIND OF BUSINESS OR INJUSTRY S. COLOR OR RACE 100. KIND OF BUSINESS OR INJUSTRY S. COLOR OR RACE S. COLOR OR RA	At Home		0 5	- 1/1/	TINS	ON A FARM?
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Address Addr	M M WII	DOWED DIVORCED	SEPT. 1.18	598 69 yrs.	Manths Doys	Haurs Min.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. NO, at unknown) (11 yes give war at dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT MR S. H. W. WARREN BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DEATH Grief only one couse per line for (o). (b). ond (c).) PART II. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate couse (o). Stating the underlying couse (c) Stating the underlying couse (d). Stating the underlying couse (e). DUE TO Stating the underlying couse (d). Stating the underlying couse (e). DUE TO Conditions, if any, which gove rise to immediate couse (o). Stating the underlying couse (e). DUE TO Conditions, if any, which gove rise to immediate couse (o). Stating the underlying couse (e). DUE TO Conditions, if any, which gove rise to immediate couse (o). Stating the underlying couse (e). DUE TO Conditions, if any, which gove rise to immediate couse (o). Stating the underlying couse (e). DUE TO Conditions, if any, which gove rise to immediate couse (o). Stating the underlying couse (e). DUE TO Conditions, if any, which gove rise to immediate couse (o). Stating the underlying couse (e). DUE TO Conditions, if any, which gove rise to immediate couse (o). Stating the underlying couse (e). DUE TO Conditions, if any, which gove rise to immediate couse (o). It is a underlying couse of the recommendation of the dot stated down of the couse of the recommendation	during most of working life, even if retired	INDUSTRY	BERLI	NMD		
18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), ond (c).	FLBERT WAR	16. SOCIAL SECURITY NO. 17.	DELLE	RATNE	ress	
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21. I certify that (1) (this haspital) attended the deceased fram	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH					
saw the deceased alive an	20c. TIME OF INJURY Month, Doy, Yeor Hour'o,m. 19	While Not While foct	CE OF INJURY (Home, larm, lary, street, aflice bldg., etc.)	20f. (City or town)	(Caunty)	(Stote)
ATTENDING MED. ATTENDING DIRECTOR DIRE	saw the deceased alive an	attended the deceased fram	t death accurred at	167, ta Sufer 120 M, fram causes	and an the da	ite stated abav
230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) PROVAL (Specify) 21 67 EVERGEEN 250. REC'D BY REGISTERAR 25b. REGISTERAR 35B. REGIST	Than R	Law M.	D. PHYS.	DIRECTOR L PHYS. L		
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 3 SIGNATURE	230. BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR-			awn) (Caynt	ty) (Stote)
	DURIAL 11216	ADDRESS ADDRESS	2So. REC'D	BY REGISTRAR		e. MD

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 lours after deoth TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funese director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 programmed should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after dea Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13181

FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
EARTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	before admission)
~ 3 % / Z		O. COUNTY WORESTER. MARYLAND O. STATE VA. b. COUNTY	
deloy ind 3 i3. Pe		D. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
y d , on PM3 PM3 ortn		DEED N GTY Days FALLS CHURCH,	VA.
Deportr		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	e. IS RESIDENCE ON A FARM?
200	4	Walty Cours - 17 ST 3211 HALLRAN RD	YES NO
offer death. 8. Give Pages olong with fo with the Stoth.		NAME OF SECENSED Type or print) HELEN D. Middle WURTZ DEATH 9-	Doy Year
Give and w	5.		YEAR 1 IF UNDER 24 HRS.
	"		Doys Hours Min.
hin 24 hours of notil in Item 18 niner's Office o pages land 2 w urs affer deoth.	duri	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITI, and most of working life, even if retired) INDUSTRY COU	ZEN OF WHAT NTRY? // C PO
24 h in the er's Of ges 1a after a	1	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	BUSNA.
	13.	MINISTRA F. DOMESTA	MYSHAK
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
- 0 -	(Ye	s, no, or unknown) [(If yes give wor or dates of service)]	n 2 .
		18. CAUSE OF DEATH (Enter only one couse per impfor (a), (b), ond (c), My Death Was Caused BY: IMMEDIATE CAUSE (b) WY DEATH (Control one couse per impfor (a), (b), ond (c), My Death Was Caused BY: IMMEDIATE CAUSE (c)	INTERVAL BETWEEN ONSET AND DEATH
rd "per Chief Chief transit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Trob. My Deardial Irrepret	+mmm
should be e ne word "per o the Chief I burial-transit n any event v		Conditions if any which case >	1/00
to the purpose to the		rise to immediate couse (a).	127
ficate ing t rded as a ond i		stating the underlying couse (c)	
	22	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
V 0 - ~ C	GATIO		YES NO
- 0 0	CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) RIMARY OF DEATH.	
XAMINER: ute the certifige 4 should your files. Poge 3 should cremotion, or	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of twork of twork of two or	nty) (Stote)
			and in my opinion
ctor. Pred for ECTOR:		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my opinion
ase rectourine REC		CHIEF MEDICAL EXAMINER	9-12-4
E de de de		SIGNATURE MULTIPY / Brokes M.D. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
TO DEPUTY I necessary, plane funerol of Smay be refore FUNERAL I Health prior		EXAMINER'S NAME (Type) PHILLIP P. BROWS MID Address (Street, city, town, or county)	CH WAL
o DEPUT necessary the funer 5 may bo FUNER Health p	230		County) (Sute)
5 z = 2 5 ±	2	Burial, (remation, 23b. Date thereof 23c. Name of (EMETERY OR (REMATORY Dawson, Penna. (Specify) Sept. 16, 1967 Dawson (emetery Dawson, Penna.	* A seed
VR A15ME (5) 6M 1/67	24	FUNERAL DIRECTOR FUNERAL HOLE BERLIN MO. DATISEP 18 1967 GULLAND	
	1	LAND TO 100	

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